



EMS INSTRUCTOR RENEWAL

RENEWAL PERIOD 2015-2017

To maintain your license as an EMS instructor you must complete this form and submit the appropriate supporting documents to the Office of Emergency Medical Services by December 31, 2015.

Instructor Name:	Instructor Number:
Mailing Address:	Level of Licensure:
	License Number:
E-mail Address:	Phone:
Affiliate Institution or Agency:	
Address:	

ACTIVE PRACTICE

2015 RENEWAL REQUIREMENTS – Instructors must submit a statement of verification that the Active Practice requirement was completed. The verification must be drafted on official letterhead and signed by a personnel supervisor whose title and/or authority is equivalent to one of the following categories:

- A. Program Director
- B. Service Training Officer
- C. Service Director
- D. Program Medical Director
- E. School/college president or VP or Department Chair

In the event an instructor cannot obtain a verification statement from an authority of the listed categories, a verification statement may be sought from the OEMS Regional Director governing that instructor's jurisdiction. Instructors must provide the OEMS Regional Director with proof of completion of the Active Practice requirement in order to obtain verification.

I do hereby affirm that I have taught a minimum of forty (40) hours of EMS instruction during the licensure cycle in an approved course as required in DPH Rules and Regulations for EMS 511-9-2 for instructor renewal.

Signature: _____ Date: _____

CONTINUING EDUCATION

2015 RENEWAL REQUIREMENTS – Instructors must submit certificates of completion and/or transcripts verifying completion of the Continuing Education requirements.

I do hereby affirm that I have successfully completed 24 hours of EMS Instructor continuing education as required in DPH Rules and Regulations for EMS 511-9-2 for this renewal period.

Signature: _____ Date: _____

By affixing my signature above, I affirm that the information provided on this form is correct to the best of my knowledge and that any fraudulent entry may be considered as sufficient cause for any rejection or subsequent revocation.

Please contact your Regional OEMS Director or the OEMS State Office at 404.679.0547 with any question